

Your Details

Your name*		Home telephone number*			
Mobile number		Email address*			
Address*					
	Postcode*				
Full company name of departed firm or where you sold on but still hold liability*					
FSA number*					
Status (Sole Trader, Partnership, Limited Liability Partnership or Limited Company)*					
Was this firm a member of a network?* please tick		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which network?*					
Firm name if any liability from any other firms					
Are you currently an approved person?* please tick		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is the company name(s)?*					
How would you like to pay your membership subscription?*		Annual Direct Debit	<input type="checkbox"/>	Annual Cheque	<input type="checkbox"/>

Your Commitment to Us

I/We confirm that the information given here is true and accurate and I/we understand that the submission of misleading information may lead to the refusal of the application or subsequent cancellation of the service.

I/We undertake to observe the terms and conditions of the Retired IFA Support Service as may, from time to time, be laid down by AIFA. I/We can request a copy at any time.

Should I not wish to receive such materials, I may indicate this by ticking this box

Data Protection

I/We understand that AIFA may wish to use any personal data contained in this form or subsequently obtained during the course of its activities and may disclose such data to approved third parties in relation to the administration of AIFA membership.

By signing this application, I consent to AIFA processing my personal data and passing it to third parties for the purposes of receiving details of AIFA services or similar third party products and/or services.

I may indicate this by ticking this box

Association of Independent Financial Advisers

Your Retired IFA Support Service Application



Your Signature

Signature		Date	
-----------	--	------	--

Next Steps

Please complete and return the application form with your direct debit mandate or cheque to:

Membership Officer at AIFA
Austin Friars House
2-6 Austin Friars
London
EC2N 2HD